

**APPENDIX 19**  
**BILLING HINTS FOR MENTAL HEALTH SERVICES**  
**BILLED ON THE HCFA 1500 CLAIM FORM**

Use this chart and Appendix 20 ( sample HCFA 1500 claim form) to better understand EOB messages you may receive. The second column indicates the EOB message, the place in the handbook to find clarifying information, and the claim form element that triggered the message.

<b><u>EOB</u></b>	<b><u>Message, Resource, and Related Claim Form Element</u></b>
29	Recipient's Last Name does not match number. MA Card or other eligibility source - Refer to Part A, Section I for more information. Element 2
614	Recipient's First Name does not match number. MA Card or other eligibility source - Refer to Part A, Section I for more information. Element 2
281	Recipient MA number incorrect. MA Card or other eligibility source - Refer to Part A, Section I for more information. Element 1a
229	Claim indicator is missing or incorrect. Refer to Appendix 1 of this handbook Element 1
10	Recipient eligible for Medicare. Bill Medicare first. (Surgical Procedures) Refer to Part A, Appendix 17 Medicare allowed charges - attach Medicare EOMB Medicare denied charges - Element 11 - use M-code and do not attach Medicare EOMB.
273	Resubmit MA covered services Denied by Medicare. Refer to Part A, Appendix 17 Element 11 - use M-code and do not attach Medicare EOMB
278	MA files show recipient has other health insurance. Refer to Part A, Appendix 18 - Bill denied services on separate claim from paid services to maximize benefits. Elements 9 & 29
014	A discrepancy was noted between the other insurance indicator and the amount paid on your claim. Refer to Appendix 1 of this handbook Elements 9 & 29
192	Prior Authorization required for this service. Refer to Section III of this handbook Element 23
424	Billing Provider Name/Number missing, mismatched, or invalid Refer to Section IV-F of this handbook Element 33
425	Performing Provider Name/Number missing, mismatched, or invalid Refer to Section IV-F of this handbook Element 24K

- 177      Place of Service invalid or not payable  
Refer to Appendix 16 of this handbook  
Element 24B
  
- 388      Procedure code is incorrect (not on EDS file)  
Refer to Appendix 3 of this handbook  
Element 24D
  
- 116      Procedure not a benefit on date of service  
Refer to Appendix 3 of this handbook  
Elements 24A & 24D
  
- 247      Procedure code obsolete for date of service  
Refer to Appendix 3 of this handbook  
Elements 24A & 24D
  
- 172      Recipient is not Eligible for date of service  
MA Card or other eligibility source - Refer to Part A, Section I for more information.  
Element 24A
  
- 171      Claim/Adjustment received after 12 months from date of service  
Refer to Part A, Section IX for more information.  
Element 24A
  
- 100      Claim previously /partially paid on (claim number and R & S date)  
Refer to Part A, Appendix 27 for more information.  
Adjustment Request Form
  
- 91      Referring/Prescribing Physician required  
Elements 17 & 17A
  
- 218      Prior Authorization required for service(s) exceeding psych/AODA/AODA Day Treatment guidelines  
Refer to Section III of this handbook  
Element 23
  
- 183      Provider not authorized to perform procedure code &/or type of service code  
Refer to Appendix 3 & 16 of this handbook  
Elements 24C, 24D, 24K, & 33
  
- 477      Billing provider indicated on claim not allowable as billing provider  
Refer to Section IV-F of this handbook  
Element 33
  
- 84      Signature and/or Date is missing  
Element 31

**NOTE:**      WMAF HCFA 1500 Claim Form Completion Instructions are found in Appendix 1 of this handbook.